

ARIZONA STATE BOARD OF ACCOUNTANCY

100 North 15th Avenue, Suite 165

Phoenix, Arizona 85007

Phone 602-364-0804

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CHANGE OF ADDRESS FORM

(please check all that apply)

- ☐ Registered Arizona CPA Personal Information Change
☐ Registered Arizona Firm Information Change
☐ CPA Exam Candidate Information Change

Name: _____

Certificate No: _____

(if you are a registered Arizona CPA, please supply us with your license number)

Firm No: _____

(if you are requesting information change for an AZ registered firm, please supply us with your firm number)

Old Address: _____

New Address: _____

Old Phone: _____

New Phone: _____

Old Email: _____

New Email: _____

Mail Preference: ☐ Residence
☐ Business

Signature: _____

Date: _____

Once completed, this form can be mailed, faxed or scanned/e-mailed to the Board office.